

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7888	2. Fiscal Year Covered From: 01 / 01 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name THOMAS GESUALDI P.O. Box, Bldg., Room No., if any Street C/O LOCAL 282 I.B.T. 2500 MARCUS AVE City LAKE SUCCESS State N.Y. ZIP Code + 4 11042	4. Name, file number, and address of labor organization. Name LOCAL 282 I.B.T. Labor Organization File Number 009-185 P.O. Box, Building and Room Number, if any Street 2500 MARCUS AVE City LAKE SUCCESS State N.Y. ZIP Code + 4 11042
5. Position in labor organization. SECRETARY TREASURER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Thomas Gesualdi</u>	On <u>8/08/05</u> <u>718 343-3322</u> Date Telephone Number

Name of Person Filing THOMAS GESUALDI	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name COHEN, WEISS AND SIMON LLP.</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 25TH FLOOR</p> <p>Street 330 WEST 42ND ST.</p> <p>City NEW YORK</p> <p>State N.Y. ZIP Code + 4 10036</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name LOCAL 282 BENEFIT TRUST FUNDS</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 2500 MARCUS AVE</p> <p>City LAKE SUCCESS</p> <p>State N.Y. ZIP Code + 4 11042</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">LEGAL REPRESENTATION</p> <p style="text-align: right;">(B) 657,625.00</p> <hr/> <p>11.b. Approximate dollar value of such dealing. (A) 424,124.00</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;">MEALS ASSOCIATED WITH MEETINGS 2/24/04, 4/24/04 AND 12/7/04</p> <hr/> <p>12.b. Amount. 118.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name J & W SELIGMAN & CO</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street 100 PARK AVE.</p> <p>City NEW YORK</p> <p>State N.Y. ZIP Code + 4 10017</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name LOCAL 282 PENSION TRUST FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street 2500 MARCUS AVE.</p> <p>City LAKE SUCCESS</p> <p>State N.Y. ZIP Code + 4 11042</p>	<p>11.a. Nature of such dealing.</p> <p>MANAGES PENSION INVESTMENTS</p> <hr/> <p>11.b. Approximate dollar value of such dealing 350,000.00</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>MEALS ASSOCIATED WITH MEETINGS 2/21/04, 3/29/04 AND 5/16/04</p> <hr/> <p>12.b. Amount. APPROX 150.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any)</p> <p>Name MACKEY SHIELDS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9 WEST 57TH ST</p> <p>City NEW YORK</p> <p>State N.Y. ZIP Code + 4 10019</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name LOCAL 282 WELFARE TRUST FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2500 MARCUS AVE</p> <p>City LAKE SUCCESS</p> <p>State N.Y. ZIP Code + 4 11042</p>	<p>11.a. Nature of such dealing.</p> <p>MANAGES WELFARE FUND INVESTMENTS</p> <hr/> <p>11.b. Approximate dollar value of such dealing. 110,000.00</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>MEALS ASSOCIATED WITH MEETINGS</p> <p>2/22/04</p> <hr/> <p>12.b. Amount. Approx 50.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing THOMAS GESUALDI

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any).

Name UBS FINANCIAL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 333 EARL OYINGTON BLVD

City MITCHELL FIELD

State N.Y.

ZIP Code + 4 11553

9. Business deals with.

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LOCAL 282 ANNUITY TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 2500 MARCUS AVE

City LAKE SUCCESS

State N.Y.

ZIP Code + 4 11042

11.a. Nature of such dealing.

MANAGES ANNUITY INVESTMENTS

11.b. Approximate dollar value of such dealing.

100,000.00

12.a. Nature of interest held or income received.

MEALS ASSOCIATED WITH MEETINGS

2/23/04

12.b. Amount.

APPROX 50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.